

Annual Report

to the

North Carolina Department of Health and Human Services

Division of Social Services

on the

Non-Intensive Family Preservation Services Program

for State Fiscal Year 2005

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Executive Summary

This report presents data and findings on North Carolina's Non-Intensive Family Preservation Services (FPS) Program from State Fiscal Year 2004 – 2005 (SFY 2005), and on a five-year history of families served SFY 2001 through SFY 2005. This is the second annual report on the FPS program and it presents general findings and trends for the last five years of program operation.

During SFY 2005, 9 FPS programs provided services in 8 counties plus the Eastern Band of Cherokee Indians, serving a total of 107 families. These families comprise 160 caregivers and 254 children. Treatment outcomes are generally favorable among families served, although apparent shifts in the types of families served (more mental health problems, fewer child abuse/neglect problems) may be affecting placement rates and types, and the proportion of families who successfully complete services. A summary of key findings is presented in the last section of this report. Some of the trend data bear scrutiny and more detailed analyses as the total number of families in the data archive increases.

Although measures of internal consistency (Cronbach's alphas) are respectable for the NCFAS Version 1.4, as used by the FPS providers, it is highly recommended that DSS require FPS providers to switch to the NCFAS Version 2.0. This recommendation is made due to Version 2.0's increased reliability and its inclusion of assessment elements relating to mental health issues, particularly because the FPS cases appear to involve an increasing number of families with mental health problems.

Introduction

This is the second Annual Report on North Carolina's Family Preservation Services (FPS) program that presents data and information about families and children that have participated in the program. Information about the FPS program's activities and performance relating specifically to SFY 2005 are presented. Additionally, trend data are presented for the last five years of program operation, including SFY'05. Data that are presented graphically or in tables represent the most interesting findings from the current year, or from past years. There is also a section on Family Functioning, based upon the use of the North Carolina Family Assessment Scale, Version 1.4, used by FPS Programs.

Review of Program Design

The program design of the Non-Intensive Family Preservation Program (FPS) shares many elements of the Intensive Family Preservation Services Program (IFPS). Services are time-limited, home based, focus on building strong and stable families, strive to be culturally relevant and appropriate, are available when the family needs them (i.e., during "non-traditional" work hours) and are delivered by workers with small caseloads. However, the levels of service intensity and availability as well as the worker caseloads are commensurate with the lower risk levels of the families receiving non-intensive family preservation services, when compared to those receiving services under the intensive model.

For example, whereas families eligible for the IFPS model have one or more children at imminent risk of removal and out-of-home placement due to child abuse or neglect, families eligible for the FPS model have a child or children at risk of current or future role dysfunction in the home or community. Although services in the FPS model are, indeed, time limited, they can be provided for up to 6 months, as opposed to the 4-6 weeks permitted under the IFPS model.

Whereas IFPS workers are expected to be available “24/7” as a matter of routine, the FPS services are characterized as available 24/7 in the event of a “crisis or emergency.” Whereas, IFPS workers carry a caseload of 2 to 4 families, FPS workers can carry more cases, up to as many as 8 cases at a time, depending upon the intensity of service need, as determined by the caseworker and the supervisor.

Providers who deliver non-intensive services under the FPS model may also deliver similar services as an adjunct to reunification efforts when a child has previously been removed for reasons of abuse, neglect, delinquency, or dependency due to emotion-, mental-, or physical health treatment.

Review of Program Operation and Service Delivery

Like the IFPS model, FPS providers are expected to provide:

- Family Assessment
- Family and individual counseling
- Client advocacy
- Case management/referral to other services as appropriate
- Development and enhancement of parenting skills.

FPS providers are also required to deliver other clinical services, and have the option of delivering “concrete” services that may include small amounts of monetary assistance to assist in the provision of basic necessities or to facilitate goal-oriented outcomes like transportation connected with labor force attachment.

All families served by FPS providers experience a comprehensive family assessment, and workers conducting those assessments are assisted by the use of the North Carolina Family Assessment Scale (NCFAS). The NCFAS facilitates the identification of family strengths and

resources as well as needs and weaknesses. The purpose of assessment is to help the worker and the family set measurable, realistic and achievable goals and to develop strategies for achieving those goals. The NCFAS promotes a family assessment model, focusing on the family as a system, operating in the social environment. Specialized assessments may also be conducted and are considered on a case-by-case basis (e.g., neurological assessment, psychological assessment, alcohol/drug dependency assessment, toxic metal screening, etc.)

Family and individual counseling comprise a therapeutic interaction between the family preservation services worker and the family members, either individually or as a family unit, to solve problems and build or enhance skills. Workers strive to establish a trusting relationship with the family, to define and clarify family issues and perceptions, assess the areas needing to change, to evaluate change as it occurs, and to terminate the relationship when appropriate.

Case management involves the coordination of the efforts of all service providers involved with the family. The goals of case management include the development of joint service plans, to ensure that intervention efforts are working towards common goals, to ensure that methods used by different serving agencies do not conflict with one another or send conflicting or confusing messages to families, and to ensure that there is sufficient “follow through” and “follow-up.”

Development or enhancement of parenting skills focuses on the areas of nurturing, knowledge of child development and age-appropriate expectations of children, supervision, discipline, behavior management, communication, anger management or control, and other general parenting skills.

Concrete services are optional for programs and may include tangible services such as modest financial assistance, household chores and repairs, transportation, and the like.

Program Summary for SFY 2005

Since SFY 1997, North Carolina's FPS providers have served 1,455 families. The automated FPS case record and management information system contains detailed information on these families served. This large database provides highly reliable estimates of program trends since the system has been operating at "full capacity" for almost 9 years. Findings in this section are presented for the 107 families served during SFY 2005.

Number of Families, Caretakers and Children Served

During SFY 2005, 9 FPS programs provided services to families in 8 counties throughout North Carolina plus the Eastern Band of Cherokee Indians. Table 1 presents a detailed list of the

**Table 1: Number of Families, Caretakers and Children Served by FPS Programs
During SFY 2005, Listed by Program and County**

FAMILY PRESERVATION PROGRAM	COUNTY SERVED	FAMILIES SERVED	CARETAKERS SERVED	CHILDREN SERVED
Mountain Youth Resources—Clay	Clay	11	17	25
Mountain Youth Resources—Macon	Macon	8	15	12
Mountain Youth Resources— Graham	Graham	7	11	12
Cherokee Boys Club	Eastern Band Cherokee Ind	7	10	12
Family Services of the Piedmont	Guilford	11	15	33
Youth Focus	Guilford	37	51	89
Chatham County DSS	Chatham	16	27	43
Down East Partnership for Children	Edgecombe	7	9	19
Trend Mental Health**	Henderson	3	5	9
Totals		107	160	254

** Trend MH was not funded during SFY 2004-2005. These 3 cases represent cases from SFY 2003-2004 that closed shortly after July 1, 2004.

programs and counties served, as well as the number of families, caretakers, referred children and total children served. During SFY 2005, a total of 107 families received services that ended before July 1, 2005. There were 107 referred children identified in these families, among 254 children in the families; 160 caretakers were served directly by the programs.

Family Information

Table 2 presents information collected about families at case opening. In SFY 2005, about 4% of families had previously received FPS and 6% had previously received Intensive Family Preservation Services (IFPS). Fifty percent or more of families served presented with the following strengths identified at the time of case opening: eager to keep family together, pleasant, verbal, caring, responsive, order/neat in person, order/neat in home, employed, interested in learning, honest, respectful of others, involved in children's recreational activities, resourceful, protective, and involved in children's school life. Similar strengths were identified in families in prior years of service. The average number of strengths identified per family has increased slightly in SFY 2005. Since it is not likely that the average number of strengths possessed by families is increasing, this change more likely represents an increase in workers' capacity and skill to seek and identify strengths.

Table 2: Family Information at Case Opening

Family Information	Number	Percent
Families that Previously Received FPS	4	3.7
Families that Previously Received IFPS	6	5.6
Strengths Identified in Families at Opening		
Eager to keep family together	87	81.3
Pleasant	78	72.9
Verbal	75	70.1
Caring	72	67.3
Responsive	70	65.4
Order/neat in person	68	63.6
Order/neat in home	68	63.6
Employed	61	57.0
Interested in learning	59	55.1

Family Information (Continued)	Number	Percent
Strengths Identified in Families at Opening (Continued)		
Honest	58	54.2
Respectful of others	57	53.3
Involved in children's recreational activities	55	51.4
Resourceful	55	51.4
Protective	54	50.5
Involved in children's school life	54	50.5
Punctual	51	47.7
Receptive	51	47.7
Health	48	44.9
Cooperative with agency in the past	48	44.9
Wants more education	43	40.2
Supportive/strong network of family/friends near	39	36.4
Fun loving/cheerful	34	31.8
Youth oriented	26	24.3
Average Number of Strengths Identified per Family	12.38	
Families Currently or Ever Receiving Public Assistance	79	73.8
Medicaid	71	66.4
Food stamps	52	48.6
WIC	17	15.9
Housing	16	15.0
SSI	13	12.1
Work First	6	5.6
Other	3	2.8
General assistance	1	0.9

A significant shift in family demographics occurred in SFY 2004, and further increased in SFY 2005, to 74% of families currently or formerly receiving public assistance. (Refer to the "Five Year Trend Analysis" section for more information on this increasing trend of receipt of public assistance.)

Caretaker Demographics

In SFY 2005, 160 caretakers were living in the homes of the 107 families served by the FPS programs. Table 3 presents demographic information for these caretakers. In SFY 2005, the average age of caretakers served by the program was 38 years. One-fifth (20%) of the caretakers were 30 years old or less, about one-third (32%) were over the age of 40, and the remaining 48% were between 31 and 40 years old. Two-thirds (67%) of caretakers were female. In SFY 2005,

there has been a significant shift in the racial distribution of caretakers served, with only 53% of the caretakers being White (compared to 69% in SFY 2004). One-third (33%) were African American, and 15% comprised other minority races. Only 41% of caretakers were employed in full-time work and one-quarter (26%) of caretakers were unemployed and in need of work.

Table 3: Demographics of Caretakers

Demographics of Caretakers	Number	Percent
Age		
Average Age	38.35	
18 – 24	11	7.5
25 – 30	19	12.9
31 – 40	70	47.6
41 – 50	27	18.4
51 – 60	11	7.5
Over 60	9	6.1
Gender		
Female	106	66.7
Male	53	33.3
Race		
White	84	52.8
African American	52	32.7
Other	23	14.5
Working Full-Time	65	40.6
Working Part-Time	25	15.6
Unemployed	41	25.6
Unemployed—Homemaker	7	4.4
Unemployed—Disabled	12	7.5
Educational Status		
Less than 10 th grade	14	9.7
10 th – 12 th grade	41	28.3
High school/GED	52	35.9
Some college or more	38	26.2
Relationship to Referred Child		
Mother	83	52.5
Father	27	17.1
Grandparent	16	10.1
Aunt/uncle	13	8.2
Other	19	12.0
Special Areas of Concern		
Absence of parent/caretaker	54	33.8
Unemployment	40	25.0
Domestic violence	36	22.5
Grief/loss	33	20.6

Demographics of Caretakers (Continued)	Number	Percent
Special Areas of Concern (Continued)		
History of teenage child bearing	23	14.4
Mental illness	18	11.3
Other drug abuse	16	10.0
Child abuse/neglect	15	9.4
Physical disability	15	9.4
Alcohol abuse	14	8.8
History of other abuse as a child	14	8.8
History of sexual abuse as a child	14	8.8
Physical chronic illness	13	8.1
Teenage parent (<20 years old)	11	6.9
Incarceration in jail or prison	5	3.1
Developmental disability	1	0.6
Other factors	33	20.6
Not applicable	30	18.8
Average Number of Issues Identified per Caretaker	2.22	

One-third (38%) of all caretakers had less than a high school diploma. Thus, as with other human service populations where children may be at risk, factors of single parenting, insufficient income or poverty, labor force detachment or intermittent attachment, and low educational attainment are prevalent. Slightly more than half (53%) of caretakers were the mothers of the referred child. Caretakers served during the prior eight-year history of the program were similar with respect to age, gender, employment status, educational status, and relationship to the referred child. On average, two major issues were identified per caretaker that affect family functioning and place the children at-risk. The most frequently occurring issues identified in SFY 2005 included: absence of a parent or caretaker, unemployment, domestic violence, grief or loss, a history of teenage child bearing, mental illness, and other drug abuse. Similar issues were identified in caretakers during prior years of program operation.

Referred Child Demographics

In SFY 2005, 107 families were referred for services because a child was at-risk for current or future role dysfunction in the home or community, and possible future out-of-home placement. Table 4 presents demographic information on the referred children in these families.

Table 4: Demographics of Referred Children

Demographics of Referred Children	Number	Percent
Age		
Average Age	10.75	
0 – 5	19	18.3
6 – 12	35	33.7
13 – 15	37	35.6
16 – 17	13	12.5
18 or older	0	0.0
Gender		
Female	49	46.7
Male	56	53.3
Race		
White	42	39.6
African American	40	37.7
Other	24	22.6
Living Situation at Case Opening		
Home	88	84.6
Relative	11	10.6
Foster care	2	1.9
Friend	2	1.9
Emergency shelter	1	1.0
Group home	0	0.0
Training school	0	0.0
Wilderness camp	0	0.0
Detention center	0	0.0
Psychiatric hospital	0	0.0
Other	0	0.0
Special Areas of Concern		
Family disruption	63	58.9
Undisciplined	48	44.9
Out of parental control	44	41.1
Family violence	36	33.6
Delinquency	33	30.8
School failure	29	27.1
Grief/loss	19	17.8
Child is taking medication	18	16.8
Drug abuse	18	16.8
Truancy	15	14.0
Neglect	12	11.2
Sexual abuse	12	11.2

Demographics of Referred Children (Continued)	Number	Percent
Special Areas of Concern (Continued)		
BEH	11	10.3
Learning disability	11	10.3
Emotional disability	11	10.3
Runaway	9	8.4
Inappropriate sexual behavior	8	7.5
Alcohol abuse	8	7.5
Extreme poverty	6	5.6
Developmental disability	6	5.6
Physical abuse	6	5.6
Emotional abuse	5	4.7
Serious health problems	5	4.7
Behavioral disability	5	4.7
Suicidal behavior	4	3.7
Teen pregnancy	3	2.8
Physical disability	2	1.9
Child exploitation	0	0.0
Other factors	20	18.7
Not applicable	1	0.9
Average Number of Issues Identified per Child	4.36	

The average age of the referred child was about 11 years old. Forty-seven percent of the referred children were female and 53% were male. Similar proportions were found in the referred children served in the prior eight years of program operation. Two-fifths (40%) of the children were White and 38% were African American. Other minority children represented 23% of the referred children served. This demonstrates a significant 20% increase in the proportion of minority children (combined African American and Other Minorities) served by the FPS program when compared to SFY 2004. At case opening, 85% of referred children served were living in the home and 11% were living with relatives. The most frequently cited issues placing referred children at-risk for role dysfunction include: family disruption, being undisciplined or out of parental control, family violence, delinquency, school failure, grief or loss, taking medication, drug abuse, truancy, neglect, and sexual abuse. Referred children averaged a total of 4 identified issues. Similar issues were found to be affecting referred children in prior years.

(Refer to the “Five Year Trend Analysis” section for more information about the race, living situation and special areas of concern of the referred child population.)

Other Child Demographics

In SFY 2005, 147 other children were living in the homes of the 107 families served by the FPS program. Table 5 presents demographic information on these children. The average age of the other children was about 9 years old. Fifty percent of the other children were female and 50% were male. About one-third (32%) of the children were White and 47% were African American. Other minority children represented 21% of the other children served. At case opening, nearly all (90%) of other children served were living in the home. The top issues affecting referred children placing them at-risk for role dysfunction include: family disruption, being undisciplined, family violence, grief or loss, and school failure.

Table 5: Demographics of Other Children

Demographics of Other Children	Number	Percent
Age		
Average Age	8.65	
0 – 5	32	24.8
6 – 12	69	53.5
13 – 15	21	16.3
16 – 17	6	4.7
18 or older	1	0.8
Gender		
Female	72	50.0
Male	72	50.0
Race		
White	46	31.5
African American	69	47.3
Other	31	21.2
Living Situation at Case Opening		
Home	131	90.3
Relative	10	6.9
Other	2	1.4
Foster care	1	0.7
Group home	1	0.7
Friend	0	0.0
Training school	0	0.0
Emergency shelter	0	0.0

Demographics of Other Children (Continued)	Number	Percent
Living Situation at Case Opening (Continued)		
Wilderness camp	0	0.0
Psychiatric hospital	0	0.0
Detention center	0	0.0
Special Areas of Concern		
Family disruption	56	38.1
Undisciplined	23	15.6
Family violence	21	14.3
Grief/loss	20	13.6
School failure	18	12.2
Out of parental control	13	8.8
Child is taking medication	9	6.1
Truancy	9	6.1
Neglect	8	5.4
Sexual abuse	7	4.8
Extreme poverty	6	4.1
Learning disability	6	4.1
Delinquency	4	2.7
Inappropriate sexual behavior	4	2.7
Emotional abuse	3	2.0
BEH	3	2.0
Alcohol abuse	3	2.0
Developmental disability	3	2.0
Physical disability	3	2.0
Drug abuse	2	1.4
Physical abuse	2	1.4
Emotional disability	2	1.4
Suicidal behavior	2	1.4
Runaway	1	0.7
Serious health problems	1	0.7
Teen pregnancy	1	0.7
Behavioral disability	1	0.7
Child exploitation	0	0.0
Other factors	28	19.0
Not applicable	46	31.3
Average Number of Issues Identified per Child	1.76	

Service Delivery Information

Table 6 presents regularly collected service delivery information from the 107 families served in SFY 2005. Workers averaged 58 hours of service to each of the families during the typical service period. Most of the hours, on average, were spent in face-to-face, telephone, collateral and travel contact (39 hours). About 10 hours were devoted to administrative tasks and record keeping, and about 7 hours of contact was spent providing supervision. Nearly all

families received family assessment, family or individual counseling, and case management and referral services as part of the services delivered. The majority of families also received client advocacy. The total number of hours of contact and the number and types of services provided to families during SFY 2005 were similar to figures from prior years of program operation. FPS programs provided monetary assistance totaling \$1,799 to 10% of all families served to alleviate emergency crises and stabilize the living situation. This amount averaged \$164 per family receiving monetary assistance.

Table 6: Service Delivery Information

Service Delivery Information	Number	Percent
Average Number of Contact Hours		
Face to Face, Telephone, Collateral and Travel	39.38	
Supervision	6.79	
Administrative/Record Keeping	10.25	
Miscellaneous	1.41	
Average Number of Hours of All Case Related Activities	57.82	
Services Families Received		
Family Assessment	106	99.1
Family/Individual Counseling	107	100.0
Client Advocacy	87	81.3
Case Management/Referral	102	95.3
Optional Services	3	2.8
Other	18	16.8
Families in Need of Monetary Assistance	11	10.3
Families Provided Monetary Assistance (of those needed)	11	100.0
Total Dollars Families Needed	\$1,799.00	
Total Dollars Families Provided	\$1,799.00	
Average Dollars Provided per Family in Need	\$163.55	

Closure Information

Table 7 presents information collected about families served at the time of case closure. The average FPS case in SFY 2005 lasted 15.81 weeks (almost 4 months), and received an average of just under 4 hours of service per week. During prior years of program operation, the average FPS case lasted an average of 13.39 weeks. In SFY 2005, 62% of cases closed with

services being completed successfully. Nearly one-fifth (18%) of cases were closed because the family withdrew from services or was uncooperative. At case closure, 93% of referred children were living in a home setting (either at home, with relative or family friend). When the referred child was placed at case closure they were more likely to be in a mental health setting as compared to social service placements. Referred children served during SFY 2005 were less likely (34%) to be at-risk for placement at the time of closure compared to 46% of referred children served during prior years of program operation. Two-thirds (64%) of families were referred for other services after case closure.

Table 7: Case Closure Information

Case Closure Information	Number	Percent
Average Number of Days from Opening to Closing	110.70	
Reason Case was Closed		
Risk to worker too high	0	0.0
Risk to children too high	6	5.7
Family moved	5	4.7
Family withdrew or was uncooperative	19	17.9
Services completed successfully	66	62.3
Other	10	9.4
Referred Child Living Situation at Closure		
Home	91	85.8
Relative	7	6.6
Family Friend	1	0.9
Social Services	1	0.9
Mental Health	3	2.8
Substance Abuse Services	0	0.0
Juvenile Justice	1	0.9
Developmental Disabilities	0	0.0
Private Placement	1	0.9
Other Placement	1	0.9
Referred Child at-Risk for Placement at Closure	35	34.3
Families Referred for Other Services at Closure	61	64.2

Families Not Accepted/Appropriate for FPS

Each year many families are referred for FPS but not served. Reporting those data to the state is optional; therefore, this information is likely an underestimate of the total number of families that were referred for FPS. Table 8 presents summary information about these families. In SFY 2005, at least 18 families and 45 children were referred for FPS and not served. No families were denied services because caseloads were full, but 50% of families were not served because the family was not willing to participate. The large majority of the remaining families were not served for other reasons. One quarter (24%) of families that did not receive services were White, 59% were African American, and 18% were other minorities. These figures are in keeping with the general distribution of racial and ethnic categories. During prior years of program operation families referred and not served were more likely to be White, average more children per household, and be denied services because caseloads were full or case workers were unable to locate the family within 48 hours.

Table 8: Families Not Accepted/Appropriate for FPS

Families Not Accepted/Appropriate for FPS	Number	Percent
Number of Families Referred, but Not Served	18	
Reason Families Not Accepted/Appropriate for FPS		
Caseloads Full	0	0.0
Unable to Locate within 48 Hours	0	0.0
Risk too High	1	5.6
Family Not Willing to Participate	9	50.0
Other Reason	8	44.4
Total Number of Children in Families Not Served	45	
Average Number of Children per Family and Not Served	2.5	
Family Race		
White	4	23.5
African American	10	58.8
Other	3	17.6

Five Year Trend Analysis

Since SFY 1997, North Carolina's FPS providers have served 1,455 families. The automated FPS case record and management information system contains detailed information on these families served. This large database provides highly reliable estimates of program trends since the system has been operating at "full capacity" for 9 years. Findings in this section relate to the total population of families served in the last five years, SFY 2001 through SFY 2005. Five-year trend analyses of a number of variables indicate a high degree of stability, and therefore predictability, in a number of areas of interest to FPS programs, policy executives and the legislature.

Number of Families, Caretakers and Children Served

The number of programs offering FPS services remained fairly constant during the previous four years of operation, ranging from 12 to 16 programs serving 12 to 13 counties. In SFY 2005, all Community Based Programs were part of a re-bid process which allowed new programs to compete for these grants as well as shifting the allocation between program types in order to comply with federal requirements. As a result there was a significant reduction in the number of programs to 9, providing services to families in 8 counties and the Eastern Band of Cherokee Indians. Figure 1 presents the number of families, caretakers, and children served annually by FPS programs. There has been a corresponding decrease in the number of families served in SFY 2005 to 107 families. During the prior four years, the program has served an average of 173 families per year. The number of caretakers served in these families for the last five years averages 242, and the number of children served in these families for the last five years averages 347 per year.

Families Receiving Public Assistance

Figure 2 presents the percentage of families that are currently receiving, or have ever received, public assistance. Public assistance includes Medicaid, food stamps, housing assistance, Work First, SSI, WIC, and general assistance. There has been a significant increase

Figure 1. Number of Families, Caretakers and Children Served by FPS Programs

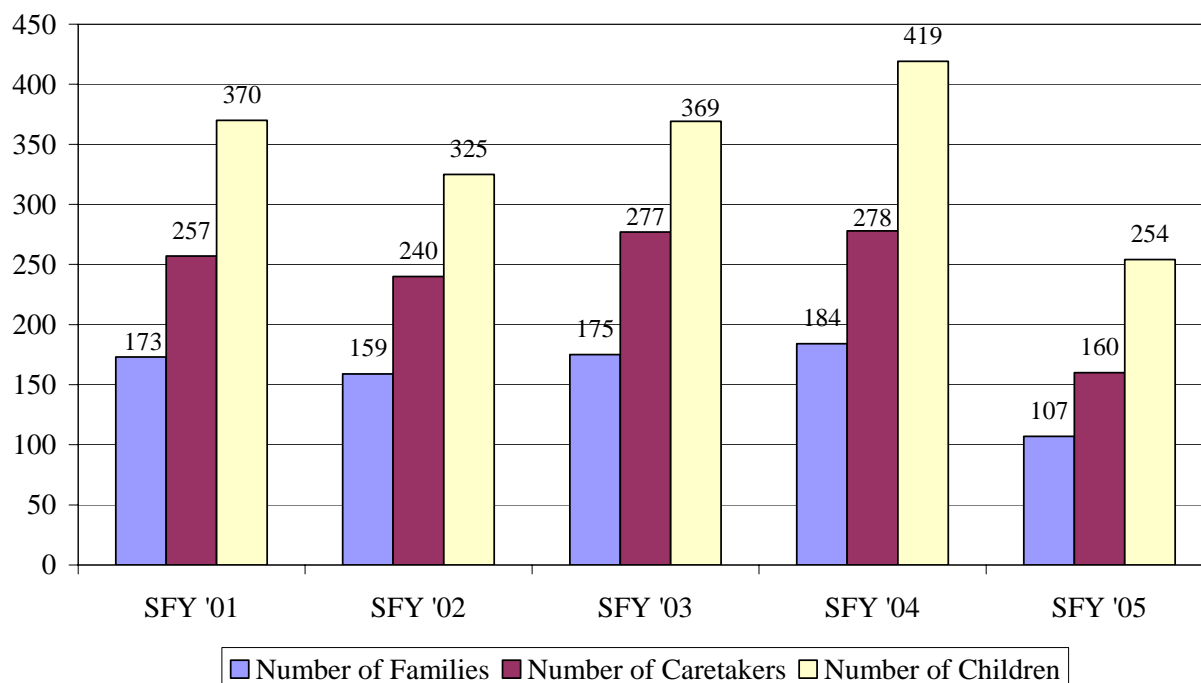
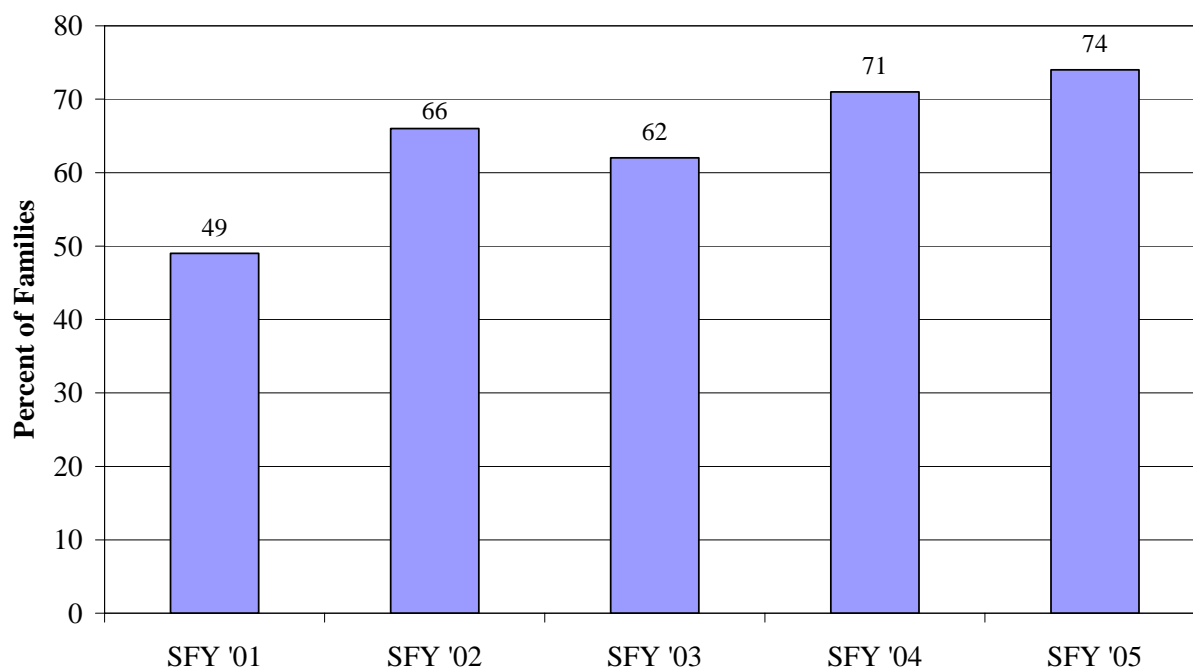


Figure 2. Percent of Families Currently or Ever Receiving Public Assistance



in the percentage of families receiving public assistance over the last five years. This is largely accounted for by the marked increase in the proportion of families receiving Medicaid (see Table 2, Family Information).

Primary Issues Affecting Caretakers

Figure 3 presents data on the types of problems affecting caretakers. (Note that each section of a bar represents the percent of families experiencing a particular problem, and that families may experience multiple problems. Therefore, the bars do not add to 100%, but represent the cumulative percentages of families experiencing that problem in a given year).

The types of problems affecting families have fluctuated slightly over the last five years. There has been a significant and increasing proportion of caretakers presenting with problems relating to absence of a parent or caretaker, grief or loss, and mental illness. Alternatively, there has been a decreasing proportion of caretakers presenting with child abuse or neglect issues. The proportion of caretakers presenting with problems of unemployment, domestic violence, alcohol abuse, history of other abuse as a child, and history of teenage child bearing have remained fairly stable over the last five years.

Race of Referred Children

Figure 4 displays the racial distribution for the referred children living in the families served by the program over the last five years. There has been a statistically significant increase in the proportion of African American referred children served to an all time high of 38% in SFY 2005. The proportion of other minority referred children served is also at an all time high of 23% in SFY 2005. At the same time, there has been a steadily decreasing proportion of White referred children served.

Figure 3. Primary Issues Affecting Caretakers

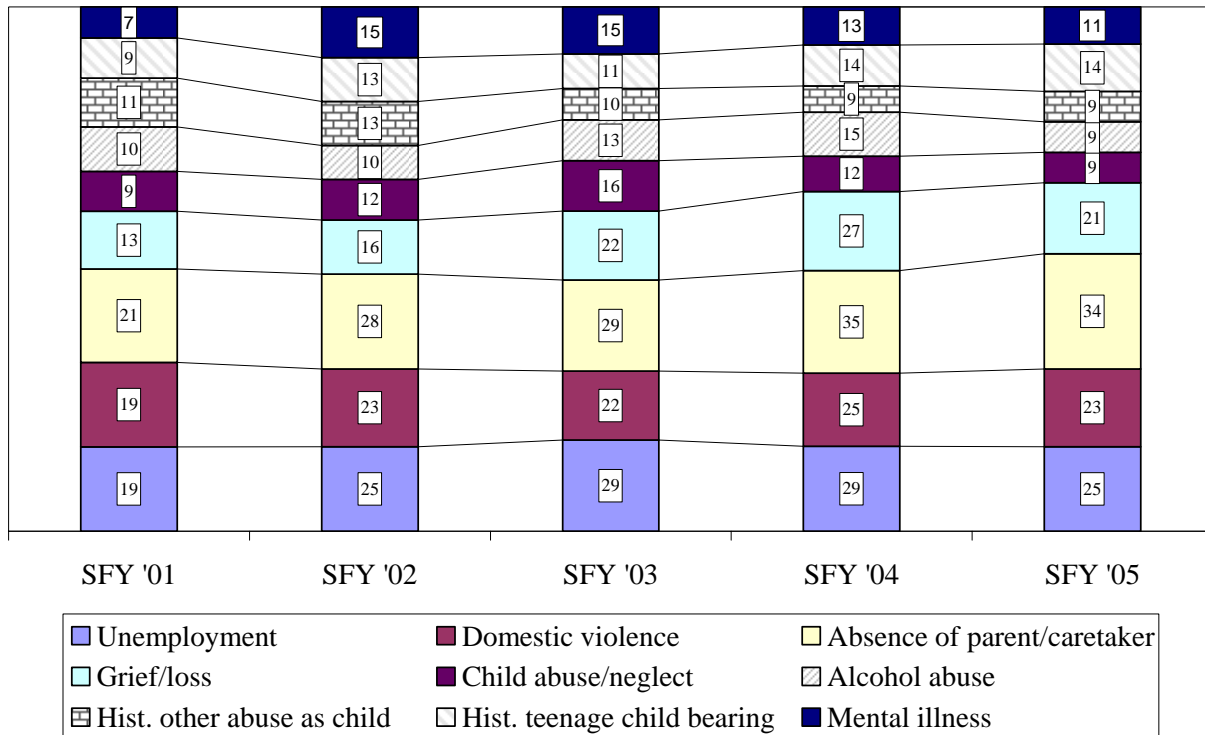
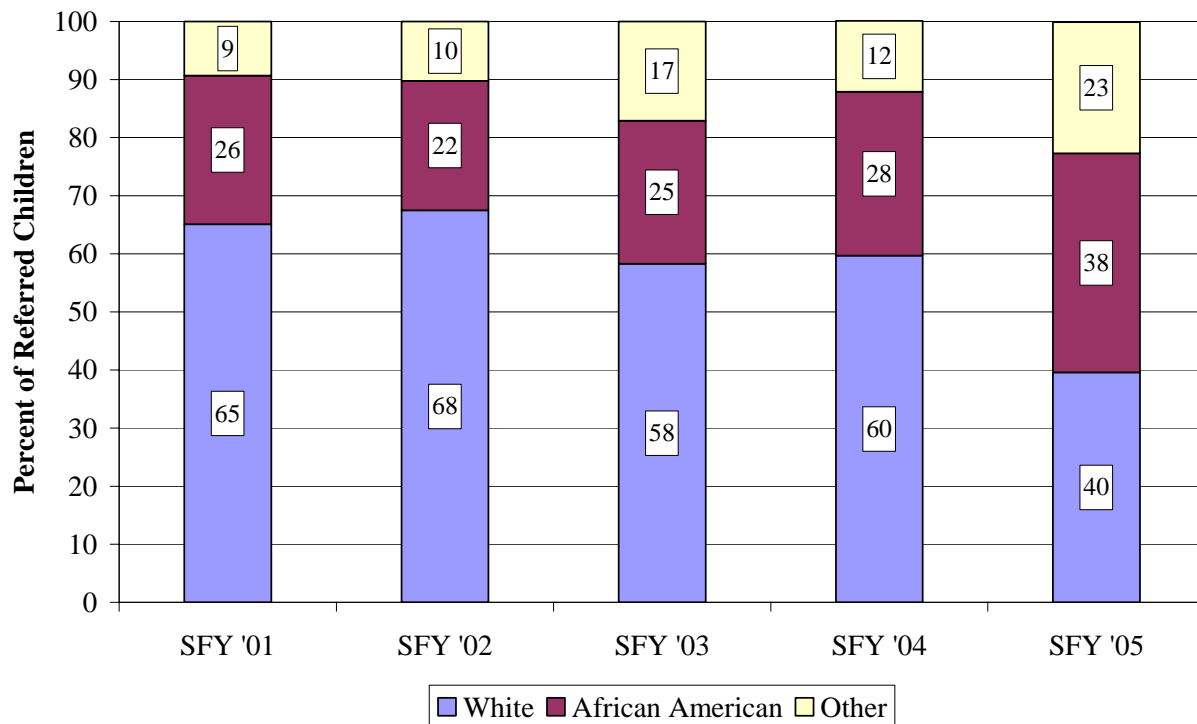


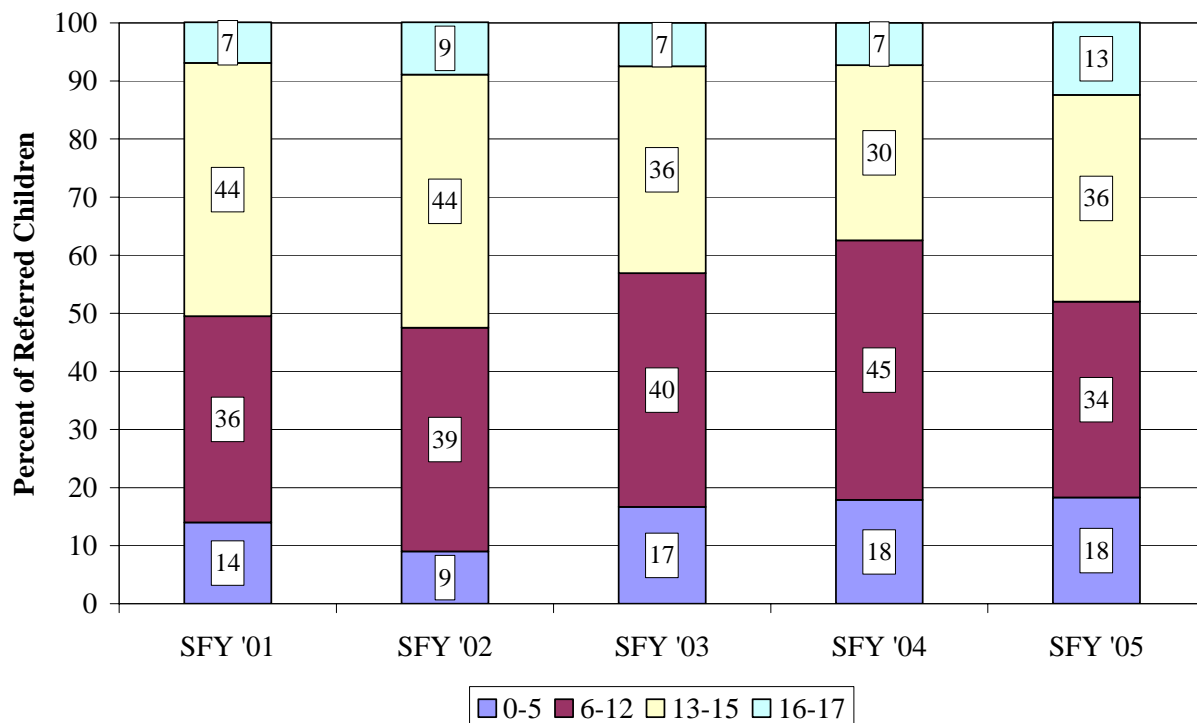
Figure 4. Race of Referred Children



Age and Gender of Referred Children

Figure 5 presents the information on ages of children served over the preceding 5 years. The age distribution of referred children has varied significantly over the last five years. The average age of referred children peaked in SFY 2002 at 11.63 years old. The average age of referred children reached its lowest in SFY 2004 at 10.08 years old. The gender of referred children over the last five years has ranged between 40% to 47% female, and 53% to 60% male.

Figure 5. Age of Referred Children

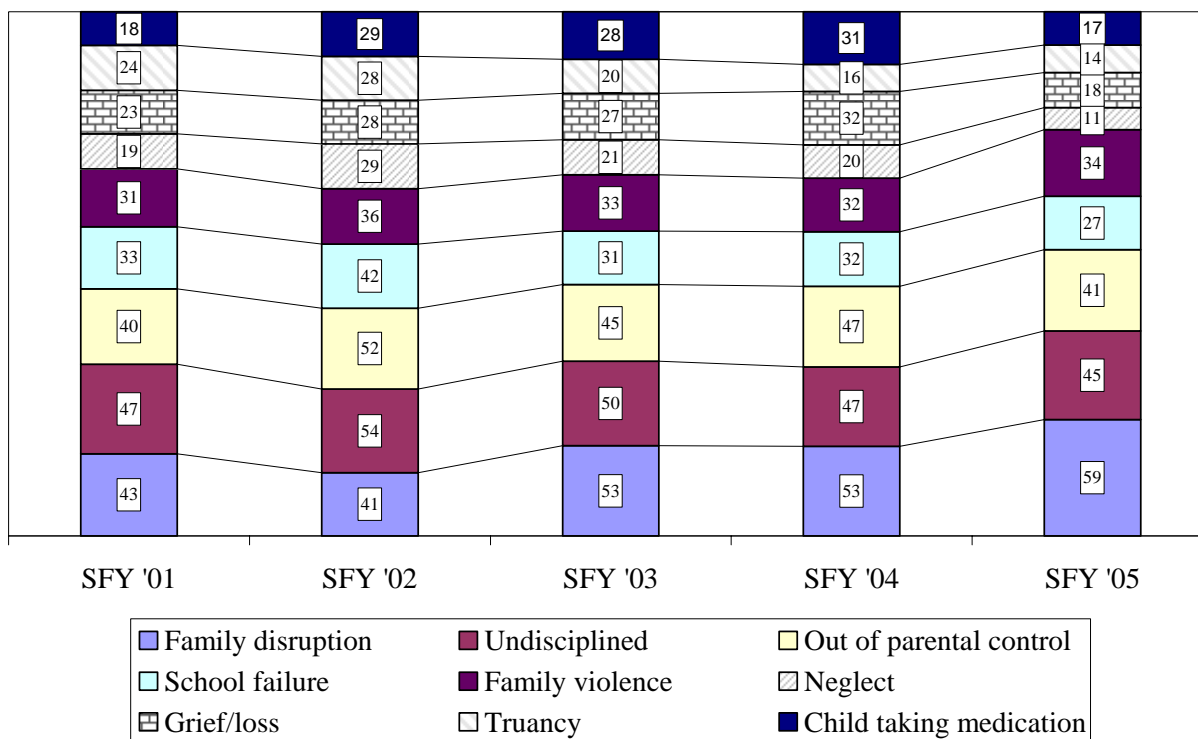


Primary Issues Affecting Referred Children

The types of problems affecting referred children have fluctuated significantly over the last five years. These data are presented in Figure 6. There has been a significant and increasing proportion of referred children presenting with problems of family disruption. There has also been a significant and decreasing proportion of referred children presenting with problems of

neglect, truancy, and taking medication. The proportion of referred children presenting with problems of being undisciplined or out of parental control, school failure, family violence, and grief or loss issues have remained fairly stable over the last five years.

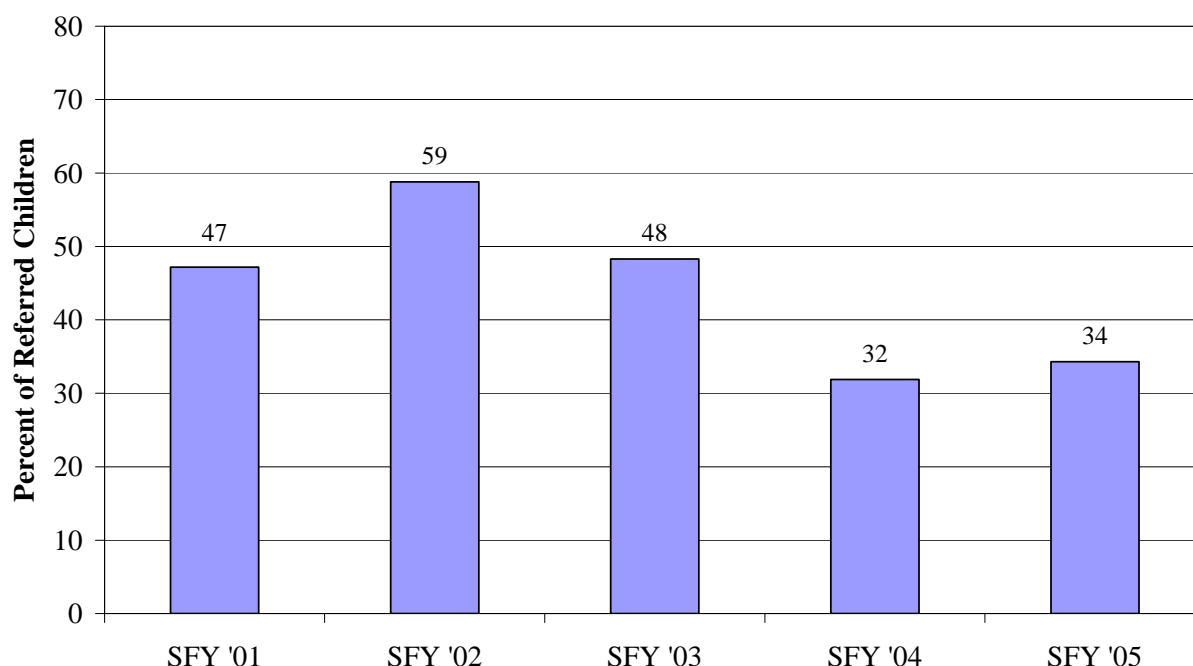
Figure 6. Primary Issues Affecting Referred Children



Referred Children at-Risk for Placement

Figure 7 displays the proportions of referred children that were at-risk of placement at the time of case closure. There has been a significant reduction in the proportion of referred children that are considered to be at-risk for placement after services have ended, from a high of 59% in SFY 2002 to a low of 32% in SFY 2004. For the last five years, the average number of referred children considered to be at-risk of placement at the time of case closure is 44%.

Figure 7. Percent of Referred Children at-Risk for Placement at Case Closing



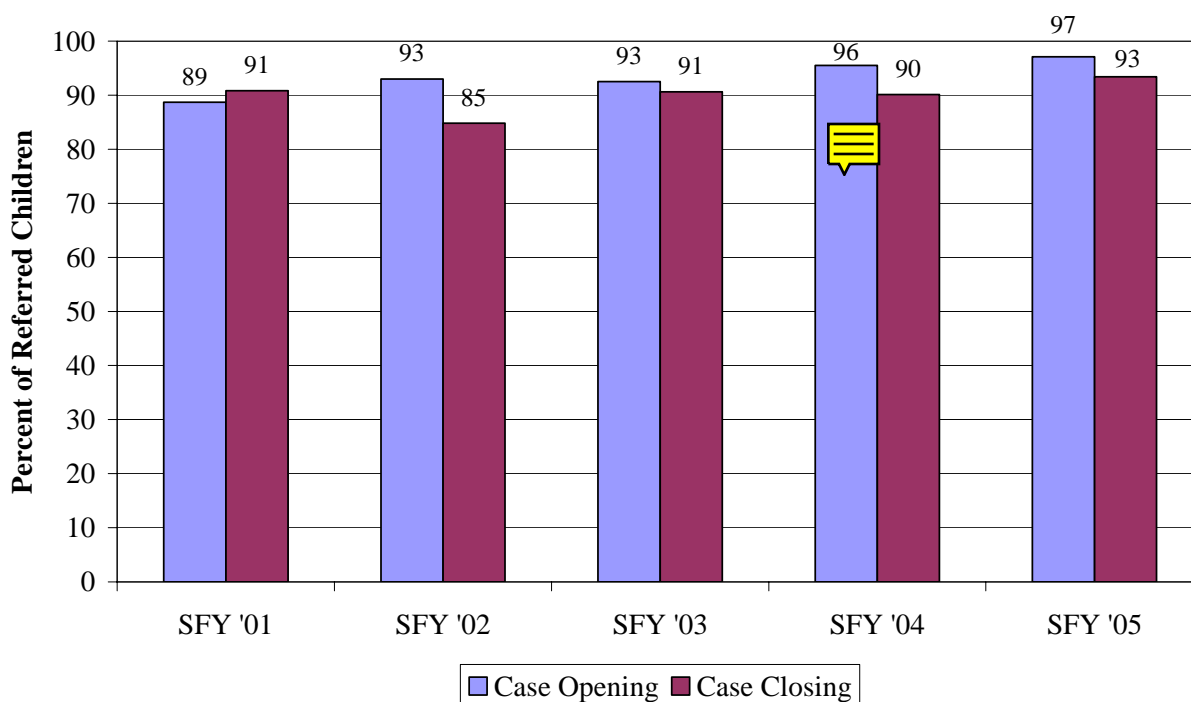
Referred Children Living in the Home

Figure 8 illustrates the proportion of referred children living in the home at case opening as compared to case closing. Living in the home is defined as being in the home, with a relative, or with a family friend. Over the last five years, there has been a substantial increase in the number of children who are living in the home at the time of case opening (from 89% in SFY 2001 to 97% in SFY 2005.) However, the number of referred children living in the home at case closing has remained fairly stable, averaging 90% of those served. It can also be seen from this figure that there has been a trend over the last four years for fewer children to be living in the home at the time of case closing than were living in the home at case opening. Although the percentages have varied slightly, this trend has maintained over the past four years. This trend raises some questions about the relationship between the service (intensity, duration, types of

services offered) and the referred population (underlying presenting problem, level of risk, etc.).

It is still likely that fewer children are being placed out of home than would have been without the FPS program. However, previously discussed changes in data trends of the past five years may suggest that the service population may be moving away from a CPS or CA/N population and more towards a “caregiver or children’s mental health” population. This is not a criticism, necessarily, but an observation. If the service population is changing, then treatment outcomes or expected program performance levels may need to be modified accordingly.

Figure 8. Percent of Referred Children Living in the Home at Case Opening and Closing



Contact Hours and Services Received

Figures 9 and 10 show data relating to required family services and contact hours spent with families. Figure 9 displays the average number of contact hours spent in each type of activity over the last five years. Workers have averaged a total of 57 contact hours with families.

The majority of these hours has been spent in face-to-face, telephone, collateral and travel contact. The distribution of hours spent in each type of contact has remained quite constant over the last five years.

Figure 9. Average Number of Contact Hours Per Life of Case

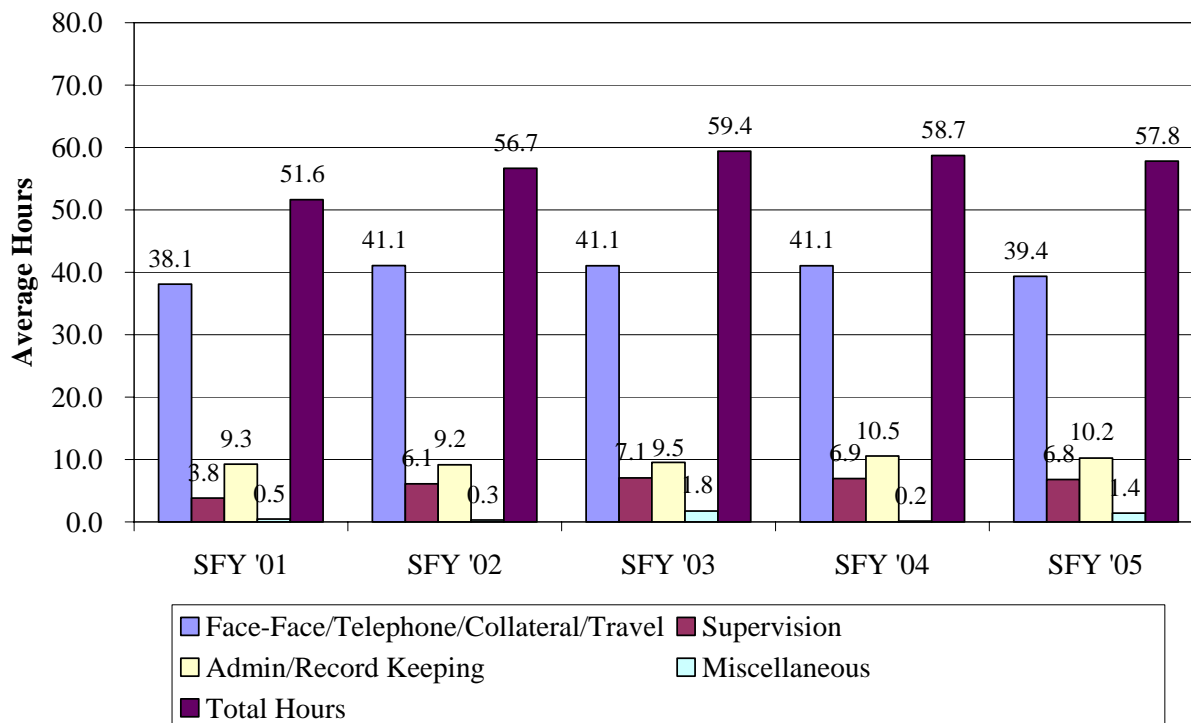
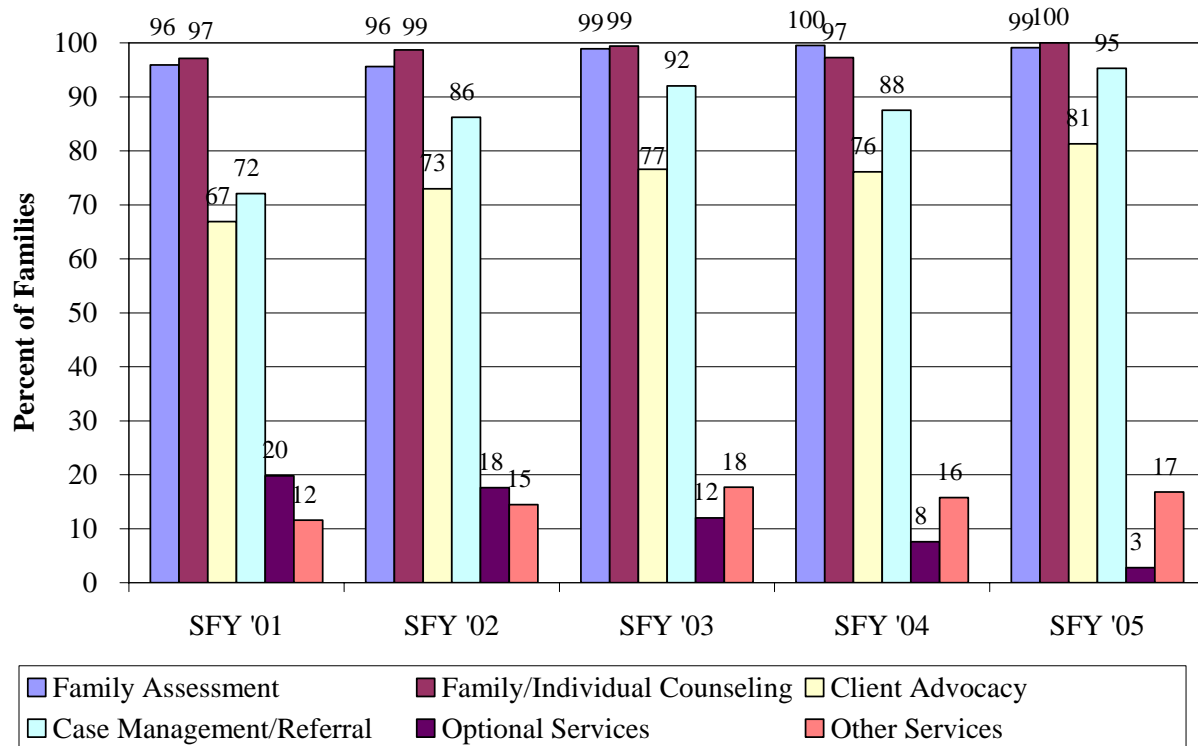


Figure 10 displays the percent of families that received each of the required services during the life of their case. Nearly all families received family assessment and family or individual counseling throughout the last five years. The data indicate an increasing trend in the proportion of families receiving client advocacy and case management or referral services during the FPS intervention. The data also indicate a decreasing trend in the proportion of families receiving optional services during the FPS intervention. The distribution of families receiving other services has remained fairly stable over the last five years.

Figure 10. Types of Services Families Received



Family Functioning: North Carolina Family Assessment Scale (Version 1.4, used by Family Preservation Programs)

The NCFAS provides information on family functioning in a variety of areas relevant to the typical FPS family, and provides pre-service and post-service information in order to measure change that occurs during the FPS service period. Changes in family functioning that occur during this period are related to stressors affecting families, which in turn, affect their ability to remain united at the end of the service period.

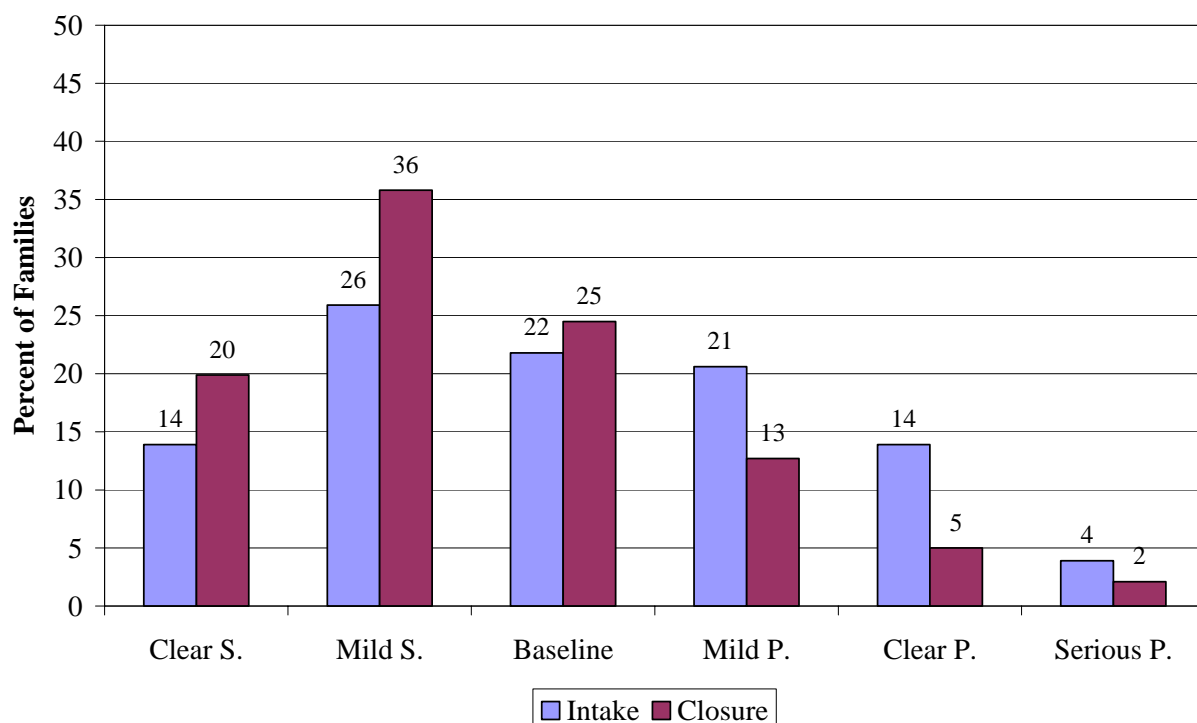
The NCFAS examines five broad areas of interest and a number of more specific sub-areas. The broad areas, referred to as domains, include: Environment, Social Support, Family Caregiver Characteristics, Family Interactions, and Child Well-Being. Each of these domains comprises a series of sub-scales. For example, the domain of Environment includes sub-scales on housing stability, safety in the community, habitability of housing, income/employment, financial management capability, adequacy of food and nutrition, personal hygiene, availability of transportation, and the “learning” environment.

Assessments are made by FPS workers at the beginning of the service period and again at the conclusion of service. The data of interest include both the absolute ratings at intake and closure and the change scores derived between the two assessment periods. For example, if a family received a rating of “-2” on the Environment domain at the beginning of service and received a “+1” at the end of service, the change score is +3, indicating movement of three scale increments in the positive direction. The change score is derived independently from the actual position of the scores on the scale; that is, a change from “0” to “+2” is considered to be of the same magnitude as a change from “-3” to “-1”, or +2 in both cases. This strategy is deliberate in that the change scores may indicate a meaningful change in the status of the family, or of the

trajectory of the family (i.e., deterioration to improvement), while at the same time acknowledging that not all problems can be resolved completely during a brief intervention.

Findings in this section relate to the total population of families served during all years in which FPS services have been provided, SFY 1997 through SFY 2005. Figures 11 through 15 present the aggregate intake and closure ratings for the 5 domains on the NCFAS.

Figure 11. Environment Ratings at Intake and Closure (N=1,450)



Data in Figure 11 suggest that the majority of families do not enter services with problem ratings in the area of Environment. Sixty-two percent of families are rated as being at “Baseline/Adequate or above” at intake. At closure, four-fifths (81%) of families are “Baseline/Adequate or above.” Families not rated as having environmental issues to resolve at

intake also are not likely to have case plans focusing on those issues. However, there was substantial movement of the aggregate data towards the positive end of the scale: the proportion of families rated as having serious environmental problems was reduced from 4% to 2%, and those rated as having clear problems were reduced from 14% to 5%.

The Social Support domain on the NCFAS reflects a similar pattern of change as presented for the Environment domain. These data are presented in Figure 12. At Intake, 60% of families are rated as being at “Baseline/Adequate or above”. After services, over four fifths (83%) are rated as “Baseline/Adequate or above.”

Figure 12. Social Support Ratings at Intake and Closure (N=1,450)

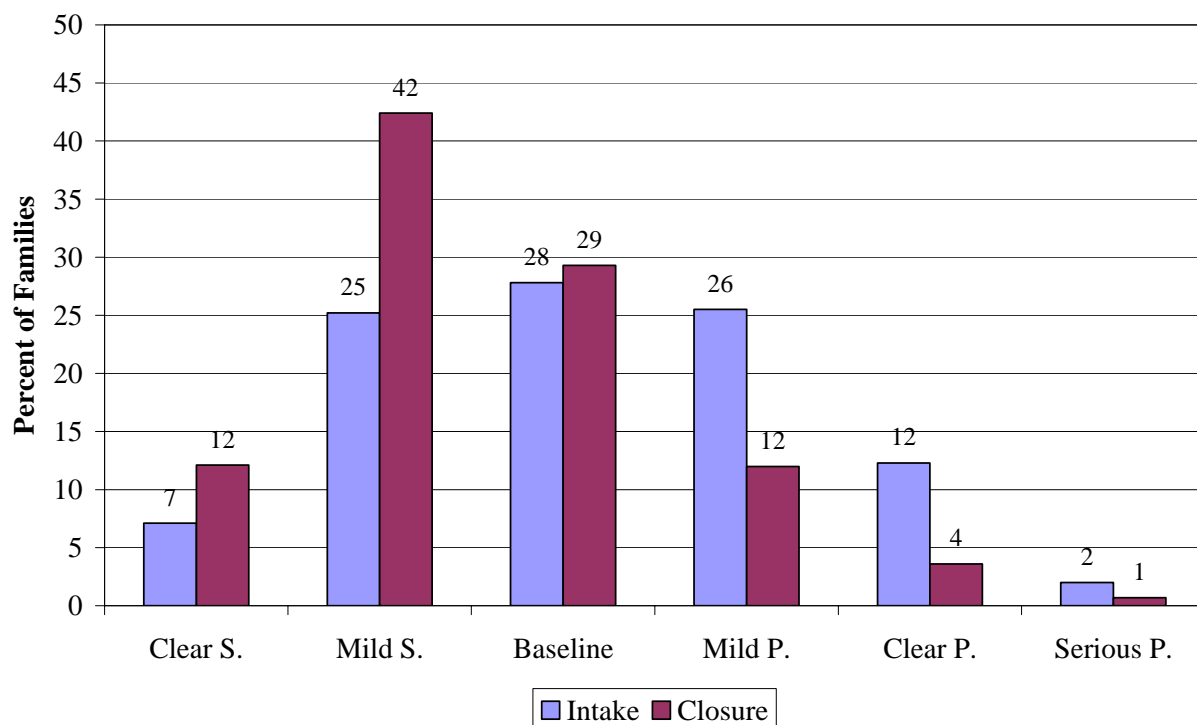
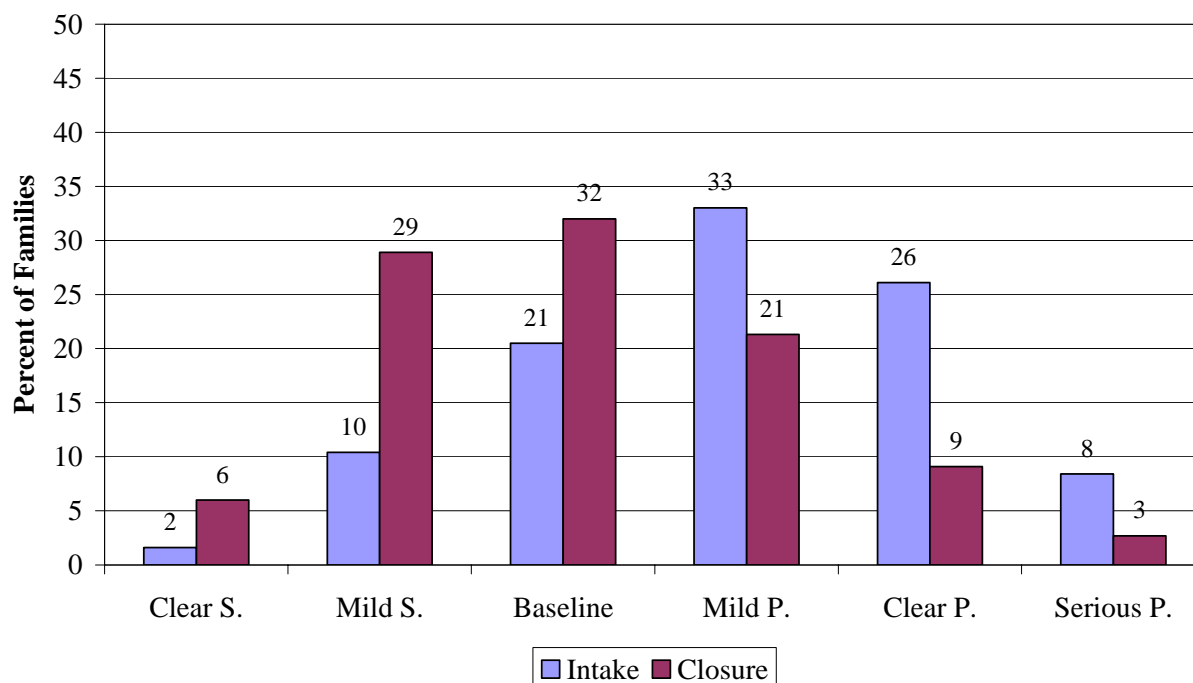


Figure 13. Family Caregiver Characteristics Ratings at Intake and Closure (N=1,450)

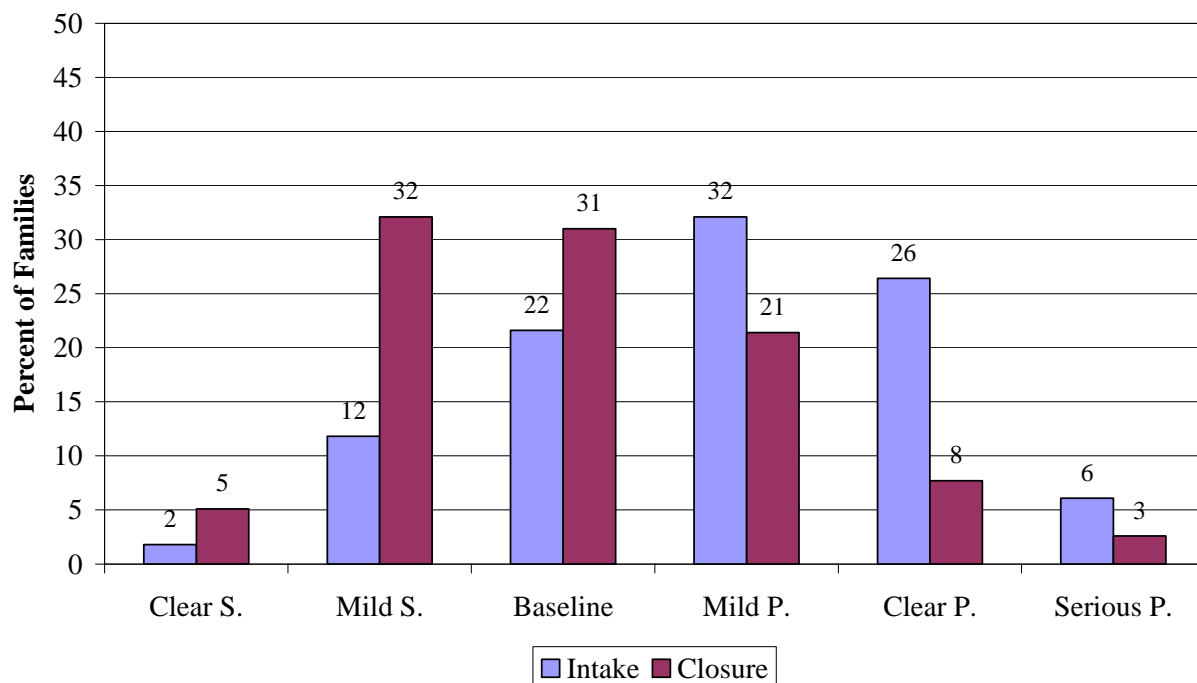


The next domain of assessment on the NCFAS is Family Caregiver Characteristics. This domain includes items such as parenting skills, parental supervision, parental mental and physical health, family violence, and prior incidence of abuse or neglect. These data are presented in Figure 13. The data gathered on the families served relating to this domain show significant shifts in Family Caregiver Characteristics as a result of the services provided. Fully 67% of families are rated in the “problem” range at intake, but only 33% are still rated in the “problem” range at closure.

The data gathered on the Family Interactions domain for the families served show shifts in interaction patterns and behavior similar to shifts observed in Family Caregiver Characteristics. Two thirds of families (64%) are rated in the “problem” range at intake; this

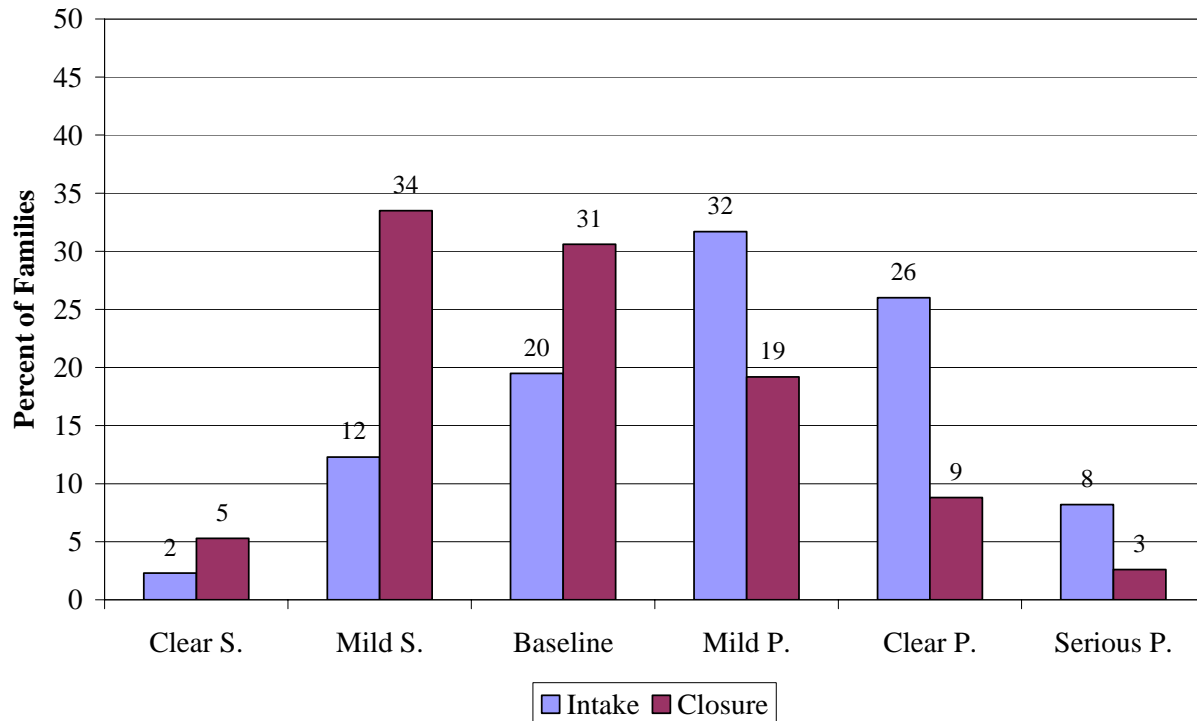
proportion is reduced to one-third (32%) at the time of case closure. These data are presented in Figure 14.

**Figure 14. Family Interactions Ratings at Intake and Closure
(N=1,450)**



The final domain of assessment on the NCFAS is Child Well-Being. These data are presented in Figure 15. The assessed changes in Child Well-Being are also large, with the large majority (66%) of families rated as having problems in this area at the beginning of service. This is not altogether surprising since Child Well-Being issues, along with Family Interaction Issues and Family Caregiver Characteristic Issues, are likely to be the issues that initially bring the family to the attention of the referring agency. However, at the close of services, the large majority (70%) of families are at “Baseline/Adequate or above,” and about two-fifths (39%) are rated in the “strengths” range.

Figure 15. Child Well-Being Ratings at Intake and Closure (N=1,450)



Taken as a whole, the ratings on the NCFAS domains reflect the capacity of the FPS programs to influence parental skills, safety, interaction patterns and behavior, and child well-being to a substantial degree. Changes on environmental and social support factors, while evident, are less dramatic. This is due, at least in part, to the lower level of need recorded on these domains.

The aggregate data presented in the preceding figures indicate the “population” shifts following receipt of FPS services, but do not indicate the amount of change in individual families. Examination of individual family change requires the computation and analysis of the

change scores derived on each domain for each family in the cohort. The specific changes that occurred on each of the domains for the 1,450 families served are presented in Table 9.

Table 9. Level of Change Experienced by Families on Each Domain of the North Carolina Family Assessment Scale (modified for Family Preservation Programs) During FPS

	Level of Change Per Family (Percent of Families) N=1,450				
	-1 or more	0 (no change)	+1	+2	+3 or more
Environment	4.2%	56.7%	25.6%	9.2%	4.3%
Social Support	3.4%	51.4%	30.2%	9.5%	5.4%
Family Caregiver Char.	3.4%	35.4%	38.8%	14.5%	8.1%
Family Interactions	4.0%	35.2%	38.3%	14.8%	7.7%
Child Well-Being	4.6%	34.4%	35.6%	16.5%	9.0%

These same data are presented graphically in Figure 16. The graph shows that a little more than half of families do not change on the domain of Environment (57%) and the domain of Social Support (51%), but that approximately 3/5 of all families improve on the remaining domains: Family Caregiver Characteristics, Family Interactions, and Child Well-Being. Most of the improvement recorded is incremental (+1 or +2 scale intervals), although 4%-9% of all families improved 3 or more scale intervals. Because the NCFAS employs a 6-point scale, ranging from “serious problem” to “clear strength”, a 3-point shift during a brief intervention is very large. Note also that a few families (3%-5%, depending on the domain) deteriorate during FPS services. Deterioration on any domain significantly increases the likelihood of placement at the end of service.

Figure 17 shows the percent of families rated at “Baseline/Adequate or above” at intake and closure. Each “intake/closure” comparison indicates substantial positive change in the population of families served, although approximately one fifth to one third of families remain

below baseline (i.e., in the problem range of ratings) on one or more domain at the time of case closure.

Figure 16. Level of Change Experienced by Families on NCFAS Domains (N=1,450)

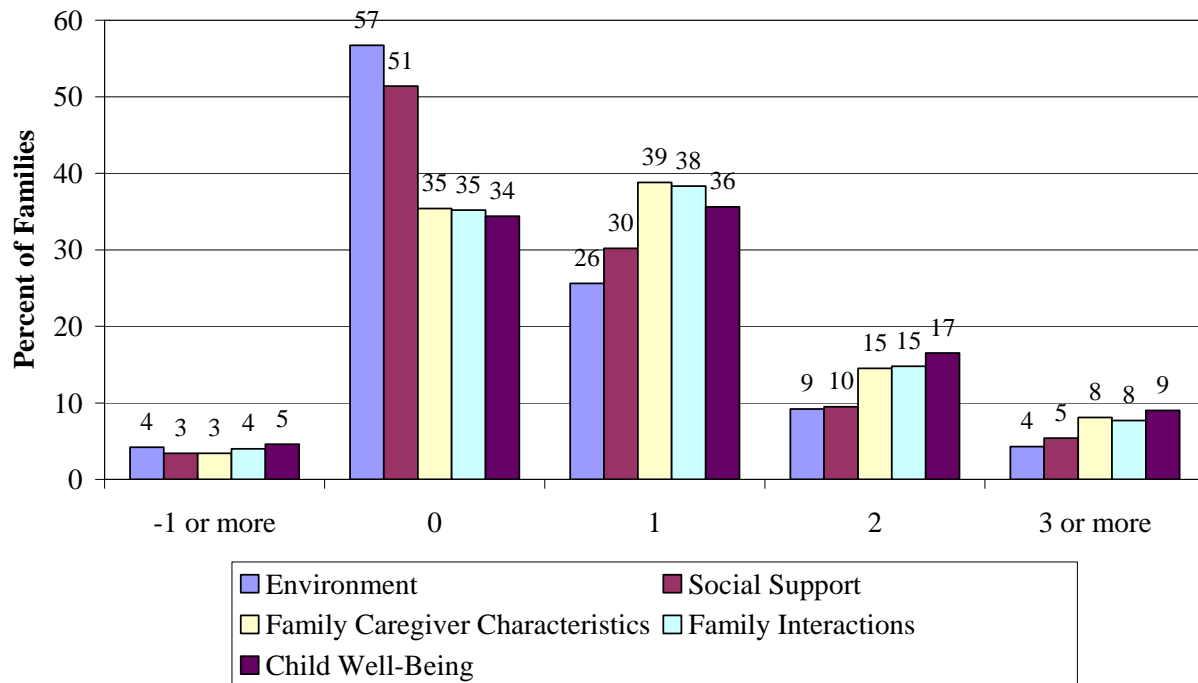
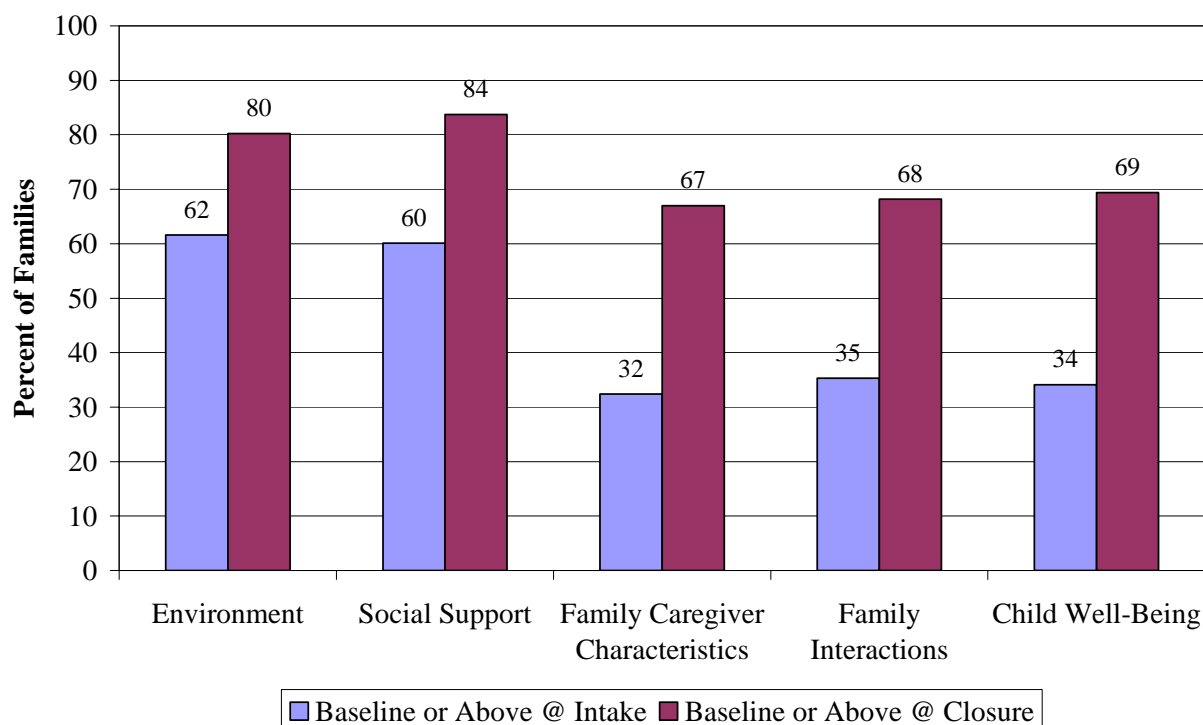


Figure 17. Overall Change on the NCFAS (N=1,450)



The FPS programs started out using the NCFAS Version 1.4 and became comfortable with its use. Even after the reliability and validity study of the NCFAS in the intensive family preservation services setting was completed, and the NCFAS Version 2.0 was promulgated, it was decided to maintain use of V1.4 in the FPS programs until the on-line database was implemented. Although not all FPS workers rate all domains on the NCFAS V1.4 when it is used during family assessment and service planning, the sample sizes are quite respectable (ranging in number from 785 to 1,145) and can provide the basis of an examination of the reliability of the scale items. The results of the reliability analysis are presented in Table 10.

Table 10. Reliability Analysis for the NCFAS, SFY 1997 through SFY 2005

Domain	Valid N	Number of Items	Alpha
Environment at Intake	1144	10	.918
Environment at Closure	1083	10	.931

Social Support at Intake	1145	5	.865
Social Support at Closure	1141	5	.882
Family Caregiver Characteristics at Intake	1083	6	.775
Family Caregiver Characteristics at Closure	1065	6	.719
Family Interactions at Intake	1073	6	.763
Family Interactions at Closure	1074	6	.780
Child Well-Being at Intake	789	13	.767
Child Well-Being at Closure	785	13	.768

It can be observed that the Alpha levels reflecting the internal consistency of the scale items range from .72 to .93. By convention, Alphas above .7 are considered respectable, Alphas above .8 are considered strong, and Alphas above .9 are considered very strong. Thus, although the majority of Alphas are in the .7-.8 range, the scale appears to be reliable when used in the present service environment with the present service population. However, it may be advisable to have the FPS programs convert to use of the NCFAS Version 2.0, to maintain continuity with other programs using the NCFAS throughout the state. There is evidence that the NCFAS Version 2.0 is, indeed, more reliable than its predecessor version. The Division plans to require the use of the NCFAS 2.0 beginning in Fiscal Year 2007 when the new, on-line database is implemented.

Summary of Major Findings from the Outcome-Focused Evaluation of North Carolina's Family Preservation Services Program

Data from the last 5-year period that the FPS program has been in operation, along with more detailed analysis of SFY 2005 data, reveal the following general findings. More detail on each of these findings is available in the body of the full report.

- Workers are following the service model. The data relating to case activities reflect policy compliance and adherence to standards. However, services appear to have been offered almost entirely in the western Piedmont and counties farther west.
- The typical family served by the FPS program is a single female-headed household, struggling financially and with about a 50% chance of receiving some form of public assistance (Medicaid, Food Stamps, SSI, WIC) but with a low probability of being enrolled in Work First, with intermittent labor force attachment and periods of unemployment, and low educational attainment.
- The proportion of families served that represents racial minorities is somewhat higher than the proportion of minorities in the general population of the areas served by the program. This suggests that the FPS program may be contributing to addressing the problem of overrepresentation of minority children in foster care and other types of out-of-home placement.
- Although families may receive services for up to 6 months, the average case closes in less than that time (15.81 weeks, slightly less than 4 months).
- About the same numbers of children are living at home at Intake as are living at home at Closure. This could mean that 1) FPS is successfully preventing the removal of children who were at risk of removal, or 2) that some children are placed out of home at the conclusion of services while others are returned home following services. Future analyses will delve more deeply into the relationships among these variables.
- Out-of-home placement is a fairly uncommon outcome. Less than 1% of children are placed into DSS foster care. By comparison, close to 3% of children are placed into mental health treatment settings. This placement pattern reflects a reversal in previous trends where proportionally more children were placed into foster care than into mental health settings. Although tentative, due to the overall low placement rate, this finding may be important with respect to defining more precisely the treatment population, and is likely related to the current restructuring of community mental health services, which has resulted in fewer mental health services being available for children.

- Five-year trend analyses indicate:
 - FPS program size was stable with respect to number of families served thru SFY 2004 (mean = 173 families; range = 159 to 184 families). There was a significant decrease in the number of families served in SFY 2005 (107 families).
 - There is an increasing trend for families to be receiving some form of financial assistance (WIC, Medicaid, Food Stamps, etc.) but an overall low enrollment in Work First.
 - There is an increasing trend in caregiver problems presenting at intake to include absence of parent/caretaker, grief/loss, and mental illness.
 - There is an increasing trend in children's problems at intake to include family disruption, and a decreasing trend in children's problems at intake for neglect, truancy, and taking medication.
 - There is an increasing trend to serve minority families. During SFY 2005, there was a significant increase in the proportion of minority children served to an all time high of 60%.
 - The number of hours devoted to various case-related activities (face-to-face contact, transportation, supervision, record keeping, etc.) has remained very stable over the past 5 years.
- Measures of family functioning (using the North Carolina Family Assessment Scale) generally reflect population shifts in the "right" direction, away from problems and towards strengths.
- Taken as a whole, the general improvements in family functioning demonstrate the ability of the FPS program to influence positively all of the assessed domains. Domains showing the largest improvements are Family Caregiver Characteristics (e.g., parenting skills), Family Interactions, and Child Well-Being.
- DSS should consider requiring the FPS programs to switch from using V1.4 of the NCFAS to V2.0, due to improved psychometric properties of V2.0.

APPENDIX A

Provider List for SFY 2004-2005 Less Intensive Family Preservation Services

Provider	Contact Person	Counties Served
Mountain Youth Resources PO Box 99 Webster, NC 28779	Devona Finley (828) 586-8958 Fax: (828) 586-0649	Clay
Mountain Youth Resources PO Box 99 Webster, NC 28779	Devona Finley (828) 586-8958 Fax: (828) 586-0649	Macon
Mountain Youth Resources ¹ PO Box 99 Webster, NC 28779	Devona Finley (828) 586-8958 Fax: (828) 586-0649	Graham
Cherokee Boys Club PO Box 507 Cherokee, NC 28719	Vicky Cucumber (828) 497-6092 Fax: (828) 497-5818	Qualla Boundary (Eastern Band of Cherokee Indians)
Family Services of the Piedmont 315 East Washington St. Greensboro, NC 27401	Sue Spidell (336) 387-6161 Fax: (336) 387-9167	Guilford
Youth Focus 301 East Washington St. Greensboro, NC 27401	Valerie Jones (336) 333-6853 Fax: (336) 333-6815	Guilford
Chatham County DSS PO Box 489 Pittsboro, NC 27312	Barbara Hollis (919) 542-2759 Fax: (919) 542-6355	Chatham
Down East Partnership for Children PO Box 1243 Rocky Mount, NC 27802	Diane Barber (252) 985-4300 Fax: (252) 985-4319	Edgecombe

¹The actual contract for this area was with Graham County Schools. Mountain Youth Resources is a subcontractor.

APPENDIX B

Program Allocations and Expenditures for SFY 2004-2005 Less Intensive Family Preservation Programs

County	Provider	Allocation	Actual Expenditure
Clay	Mountain Youth Resources	\$75,000	\$75,000.00
Macon	Mountain Youth Resources	\$75,000	\$75,000.00
Graham	Mountain Youth Resources ¹	\$40,000	\$40,000.00
Qualla Boundary	Cherokee Boys Club	\$75,000	\$74,654.70
Guilford	Family Services of the Piedmont	\$50,000	\$50,000.00
Guilford	Youth Focus (subcontract) ²	\$25,000	\$25,000.00
Chatham	Chatham Co DSS	\$75,375	\$75,000.00
Edgecombe	Down East Partnership for Children	\$75,000	\$57,585.77
TOTALS		\$490,375	\$472,240.47

¹ This program is part of a contract with Graham County Schools. The total contracted amount is \$100,000, the remainder of which is designated for a Family Resource Center.

² Youth Focus is a subcontract of Family Services of the Piedmont. The contract with the Division is for \$75,000, which represents the sum of the allocation to the primary contractor, who then allocates \$25,000 to the subcontract.